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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

02581- P0557A

First Inventor

Timothy Graham Frank, et al.

Title

Medical Instrument

Express Mail Label No.

EL 889 892 952 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 18 ]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claims(s)
  - Abstract of the Disclosure
4. ☒ Drawings(s) (35 USC 113) [Total Sheets 2 ]
5. ☐ Oath or Declaration [Total Sheets 0 ]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b.: Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.
17. ☒ Other.....WO 03/101316 Cover Sheet...

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: PCT/EP03/05083 May 15, 2003

Prior application information: Examiner Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**18. CORRESPONDENCE ADDRESS**☒ Customer Number:

24126

OR ☒ Correspondence address below

|         |  |           |              |          |              |
|---------|--|-----------|--------------|----------|--------------|
| Name    | Wesley W. Whitmyer, Jr.                                    |           |              |          |              |
| Address | St.Onge Steward Johnston & Reens LLC<br>986 Bedford Street |           |              |          |              |
| City    | Stamford   | State     | CT           | Zip Code | 06905-5619   |
| Country | United States  | Telephone | 203 324-6155 | Fax      | 203 327-1096 |

|                   |                         |                                   |              |
|-------------------|-------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Wesley W. Whitmyer, Jr. | Registration No. (Attorney/Agent) | 33,558       |
| Signature         | <i>W W Whitmyer, Jr</i> |                                   | Date 5/19/04 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 ND 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

14042  
U.S. PTO

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|  |  |                          |                                     |
|--|--|--------------------------|-------------------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Effective 01/01/2003. Patent fees are subject to annual revision |  | <b>Complete if Known</b> |                                     |
|  |  | Application No.          | - Pending                           |
|  |  | Filing Date              | May 19, 2004                        |
|  |  | First Named Inventor     | Timothy Graham Frank, <i>et al.</i> |
|  |  | Examiner Name            |                                     |
| <input type="checkbox"/> Applicant claims small entity status, See 37 CFR 1.27                                   |  | Art Unit                 |                                     |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 806.00   |  | Attorney Docket Number   | 02581-P0557A WWW                    |

| <b>METHOD OF PAYMENT</b> (check all that apply)  |                | <b>FEE CALCULATION</b> (continued)   |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
|--|----------------|--|----------|--|----------|-----------------|----------------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|--------|------|-----|-------------------------------------|-----|-----------------------------------|----|------|-----|--|-----|--|-----|------|-----|---------------------------|-----|---|-------|------|-------|--|----|---|------|--------------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------------------------|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|--------------------------|--|--|--|-----------------------|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account: order  |                | <b>3. ADDITIONAL FEES</b>  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Deposit Account Number: 19-4516<br>Deposit Account Name: St. Onge Steward Johnston & Reens LLC   |                | <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing for or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>40</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">         SUBTOTAL (1) (\$) 770.00       </td> <td colspan="2">         SUBTOTAL (3) (\$) -0-       </td> </tr> </tbody> </table> |          |  |          | Large Entity    |                | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130    | 2051 | 65  | Surcharge - late filing for or oath |     | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing or cover sheet |     | 1053                                   | 130 | 1053 | 130 | Non-English specification |     | 1812  | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 1804  | 920* | 1804         | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 40 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | SUBTOTAL (1) (\$) 770.00 |  |  |  | SUBTOTAL (3) (\$) -0- |  |
| Large Entity   |                | Small Entity   |          | Fee Description  | Fee Paid |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Fee Code   | Fee (\$)       | Fee Code   | Fee (\$) |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1051   | 130            | 2051   | 65       | Surcharge - late filing for or oath  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1052   | 50             | 2052   | 25       | Surcharge - late provisional filing or cover sheet                         |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1053   | 130            | 1053   | 130      | Non-English specification  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1812   | 2,520          | 1812   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1804   | 920*           | 1804   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1805   | 1,840*         | 1805   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1251   | 110            | 2251   | 55       | Extension for reply within first month                                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1252   | 40             | 2252   | 210      | Extension for reply within second month                                    |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1253   | 950            | 2253   | 475      | Extension for reply within third month                                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1254   | 1,450          | 2254   | 725      | Extension for reply within fourth month                                    |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1255   | 1,970          | 2255   | 985      | Extension for reply within fifth month                                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1401   | 330            | 2401   | 165      | Notice of Appeal   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1402   | 330            | 2402   | 165      | Filing brief in support of an appeal                                       |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1403   | 290            | 2403   | 145      | Request for oral hearing   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1451   | 1,510          | 1451   | 1,510    | Petition to institute a public use proceeding                              |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1452   | 110            | 2452   | 55       | Petition to revive - unavoidable   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1453   | 1,330          | 2453   | 665      | Petition to revive - unintentional   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1501   | 1,330          | 2501   | 665      | Utility issue fee (or reissue)   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1502   | 480            | 2502   | 240      | Design issue fee   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1503   | 640            | 2503   | 320      | Plant issue fee  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1460   | 130            | 1460   | 130      | Petitions to the Commissioner  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1807   | 50             | 1807   | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1806   | 180            | 1806   | 180      | Submission of Information Disclosure Stmt                                  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 8021   | 40             | 8021   | 40       | Recording each patent assignment per property (times number of properties) |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1809   | 770            | 2809   | 385      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1810   | 770            | 2810   | 385      | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1801   | 770            | 2801   | 385      | Request for Continued Examination (RCE)                                    |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1802   | 900            | 1802   | 900      | Request for expedited examination of a design application                  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Other fee (specify)  |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| SUBTOTAL (1) (\$) 770.00   |                |  |          | SUBTOTAL (3) (\$) -0-  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fees(s) during the pendency of this application<br><input type="checkbox"/> Charge fees(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account  |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| <b>FEE CALCULATION</b>   |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| <b>1. BASIC FILING FEE</b>   |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1101</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2202</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td></td> <td>770.00</td> </tr> </tbody> </table>   |                | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid       | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1101     | 770      | 2001     | 385      | Utility filing fee     | 770.00 | 1002 | 340 | 2202                                | 170 | Design filing fee                 |    | 1003 | 530 | 2003   | 265 | Plant filing fee                       |     | 1004 | 770 | 2004                      | 385 | Reissue filing fee                                |       | 1005 | 160   | 2005   | 80 | Provisional filing fee                                |      | SUBTOTAL (1) |      |  |  |      | 770.00 |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Large Entity   |                | Small Entity   |          | Fee Description  | Fee Paid |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Fee Code   | Fee (\$)       | Fee Code   | Fee (\$) |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1101   | 770            | 2001   | 385      | Utility filing fee   | 770.00   |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1002   | 340            | 2202   | 170      | Design filing fee  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1003   | 530            | 2003   | 265      | Plant filing fee   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1004   | 770            | 2004   | 385      | Reissue filing fee   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1005   | 160            | 2005   | 80       | Provisional filing fee   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| SUBTOTAL (1)   |                |  |          |  | 770.00   |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| <b>2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE</b>  |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Total Claims: 22<br>Independent Claims: 1<br>Multiple Dependent: 0   |                | <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>X 18.00</td> <td>36.00</td> </tr> <tr> <td>0</td> <td>X</td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </tbody> </table>  |          |  |          | Extra Claims    | Fee from below | Fee Paid     | 2        | X 18.00         | 36.00    | 0        | X        |          | 0        |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Extra Claims   | Fee from below | Fee Paid   |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 2  | X 18.00        | 36.00  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 0  | X              |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 0  |                |  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1201</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claims, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td></td> <td>36.00</td> </tr> </tbody> </table> |                | Large Entity   |          | Small Entity   |          | Fee Description | Fee Paid       | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1201     | 18       | 2202     | 9        | Claims in excess of 20 |        | 1201 | 86  | 2201                                | 43  | Independent claims in excess of 3 |    | 1203 | 290 | 2203   | 145 | Multiple dependent claims, if not paid |     | 1204 | 86  | 2204                      | 43  | **Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9  | **Reissue claims in excess of 20 over original patent |      | SUBTOTAL (2) |      |  |  |      | 36.00  |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Large Entity   |                | Small Entity   |          | Fee Description  | Fee Paid |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| Fee Code   | Fee (\$)       | Fee Code   | Fee (\$) |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1201   | 18             | 2202   | 9        | Claims in excess of 20   |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1201   | 86             | 2201   | 43       | Independent claims in excess of 3  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1203   | 290            | 2203   | 145      | Multiple dependent claims, if not paid                                     |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1204   | 86             | 2204   | 43       | **Reissue independent claims over original patent                          |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| 1205   | 18             | 2205   | 9        | **Reissue claims in excess of 20 over original patent                      |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| SUBTOTAL (2)   |                |  |          |  | 36.00    |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |
| ** or number previously paid, if greater; For Reissues, see above  |                | *Reduced by Basic Filing Fee Paid  |          |  |          |                 |                |              |          |                 |          |          |          |          |          |                        |        |      |     |                                     |     |                                   |    |      |     |  |     |  |     |      |     |                           |     |   |       |      |       |  |    |   |      |              |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |    |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |                          |  |  |  |                       |  |

|   |                                |                                  |              |
|---|--------------------------------|----------------------------------|--------------|
| <b>SUBMITTED BY</b> St. Onge Steward Johnston & Reens LLC |                                | <b>Complete (if applicable)</b>  |              |
| Name (Print/Type)   | Wesley W. Whitmyer, Jr.        | Registration No (Attorney/Agent) | 33,558       |
| Signature   | <i>Wesley W. Whitmyer, Jr.</i> | Telephone                        | 203 324-6155 |
|   |                                | Date                             | 5/19/2004    |

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|                       |                              |
|-----------------------|------------------------------|
| Applicants            | Timothy Graham Frank, et al. |
| Serial No. - Pending  | May 19, 2004                 |
| Title of Application: | Medical Instrument           |

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**Cover Sheet For Two Sheets Of Drawings**

Attorney for Applicants  
Wesley W. Whitmyer, Jr., Registration No. 33,558  
**ST.ONGE STEWARD JOHNSTON & REENS LLC**  
986 Bedford Street  
Stamford, CT 06905-5619  
203 324-6155